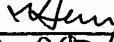




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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)					
[Redacted]							
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <b>3624</b> <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Place Customer Number Bar Code Label here							
Name	Registration Number	Name	Registration Number				
Namely, the Attorneys of Volpe and Koenig, P.C.							
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>3624</b> <input type="checkbox"/> Correspondence address below							
OR							
Name	VOLPE AND KOENIG, P.C.						
Address							
Address							
City	State	ZIP					
Country	Telephone	Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any) <u>Nelson Luiz Ferreira</u>		Family Name or Surname <u>LEVY</u>					
Inventor's Signature				Date			
Residence: City	São Paulo	State	SP	Country	Brazil	Citizenship	Brazil
Post Office Address	Rua Antonio de Gouveia Giudice, 1578						
Post Office Address							
City	São Paulo	State	SP	ZIP	05460-001	Country	Brazil
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/02A (11-00)

Approved for use through 10/31/2002.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
<u>Edna Cristina</u>		<u>KUROKAWA</u>			
<b>Inventor's Signature</b>	<u>Edna B. Kurokawa</u>				<b>Date</b>
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<b>Mailing Address</b>					
City	São Paulo	SP	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
<u>Pablo Angel Sanchez</u>		<u>PODLECH</u>			
<b>Inventor's Signature</b>	<u>Pablo Angel Sanchez</u>				<b>Date</b>
Residence: City	Joinville	SP	State	Country	Brazil
Mailing Address      Rua Francisco Baggenstoss, 80					
<b>Mailing Address</b>					
City	Joinville	SP	State	ZIP 89217-110	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
<b>Inventor's Signature</b>					
Residence: City	State	Country	Citizenship		
<b>Mailing Address</b>					
<b>Mailing Address</b>					
City	State	ZIP	Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case.